

County of Roanoke

DEVELOPMENT APPLICATION

(Please Type or Print)

DATE: _____

PROJECT NUMBER: _____

☐ SITE PLAN

☐ SUBDIVISION PLAN

APPLICANT: _____ PHONE: _____ FAX: _____

ADDRESS: _____ E-MAIL ADDRESS: _____

OWNER: _____ PHONE: _____ FAX: _____

ADDRESS: _____ E-MAIL ADDRESS: _____

ENGINEER: _____ PHONE: _____ FAX: _____

ADDRESS: _____ E-MAIL ADDRESS: _____

CONTRACTOR: _____ PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

SOURCE OF REVIEW NOTIFICATION (CIRCLE) MAIL - FAX - INTERNET

SITE INFORMATION

PROPERTY ADDRESS: _____

DEVELOPMENT NAME: _____

PROPOSED USE: _____

DEVELOPED AREA: _____ GRADED AREA: _____

TAX MAP #: _____ MAGISTERIAL DISTRICT: _____

ZONING: _____ TOTAL UNITS: _____ TOTAL LOTS: _____

REQUESTED SERVICE: (CIRCLE)

WATER FACILITIES: (COUNTY - CITY - TOWN OF VINTON - PRIVATE - WELL)

SEWER FACILITIES: (COUNTY - CITY - TOWN OF VINTON - PRIVATE - WELL)

IS BUILDING TO BE SPRINKLERED? _____ FLOW REQUIRED: _____ GPM

It is understood that submission of inaccurate or incomplete information may delay final approval of the comprehensive development plans.

I do hereby certify that I fully understand the provisions of the Erosion and Sediment Control Ordinance and program, and the above-referenced project as approved. I further grant the right-of-entry to this project, as described above, to the designated personnel for the purpose of inspecting and monitoring for compliance with the aforesaid Ordinance.

SIGNATURE OF APPLICANT